

Fan Nameplate Information Form

Branch _____ Branch # _____ Date needed _____
 Branch Contact _____ FLSP _____
 Customer Name _____ Customer Site _____
 Cust Address _____ Cust City, State _____

Equipment ID: _____ CMMS Equipment ID: _____

Motor			Fan	
Make			Make	
Model			Model	
Serial number			Serial Number	
Speed	<input type="checkbox"/> VFD	Frame	Speed	Frame
HP	Volts	FLA	# of Blades	
Off End Bearing			Inboard Bearing	
Drive End Bearing			Outboard Bearing	
Configurations <input type="checkbox"/> Belt Driven <input type="checkbox"/> Direct Drive <input type="checkbox"/> Gear Box: Gear Ratio: _____				
<input type="checkbox"/> Squirrel Cage <input type="checkbox"/> Axial <input type="checkbox"/> Cooling Tower <input type="checkbox"/> Vane Axial (please choose below) <input type="checkbox"/> Centerhung <input type="checkbox"/> Overhung <input type="checkbox"/> Mtr&Shell pts <input type="checkbox"/> Shell pts only <input type="checkbox"/> Motor pts only				
Is there a coupling on the fan shaft? Y or N			<input type="checkbox"/> Horizontal Mount	<input type="checkbox"/> Vertical Mount
How many bearings are on the fan shaft?			How many fan wheels?	

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Is there a coupling on the fan shaft? Y or N			<input type="checkbox"/> Horizontal Mount	<input type="checkbox"/> Vertical Mount
How many bearings are on the fan shaft?			How many fan wheels?	

Note: If the configuration of the fan is unusual, please sketch it on another piece of paper and fax it with this form

Fax the completed form to the Predictive Diagnostics Team at (414) 524-4336.